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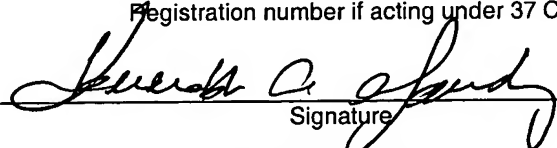
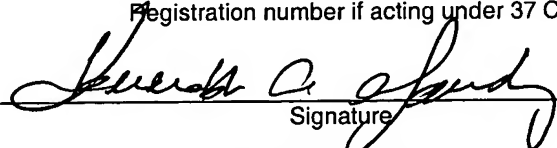
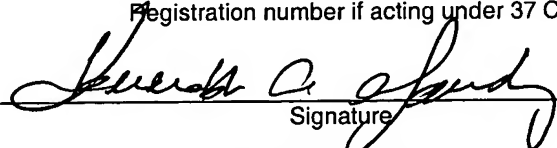
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WEMMH PTO/SB/22 (7/05)

Approved for use through 7/31/2006. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Docket Number (Optional) 3433-333																													
Application Number 10/025,282		Filed December 19, 2001																													
For RADIOPAQUE IMPLANTABLE COLLAGENOUS BIOMATERIAL DEVICE																															
Art Unit 1632		Examiner Dave Trong Nguyen																													
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1"><thead><tr><th></th><th>Fee</th><th>Small Entity Fee</th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month [37 CFR 1.17(a)(1)]</td><td>\$120</td><td>\$60</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]</td><td>\$450</td><td>\$225</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months [37 CFR 1.17(a)(3)]</td><td>\$1020</td><td>\$510</td><td>\$ <u>1020</u></td></tr><tr><td><input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]</td><td>\$1590</td><td>\$795</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]</td><td>\$2160</td><td>\$1080</td><td>\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> Applicant/inventor.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent of record. Registration Number: <u>33,386</u></p> <p><input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a): _____</p> <table border="0"><tr><td> _____ Signature</td><td>_____ May 30, 2006 Date</td></tr><tr><td>Kenneth A. Gandy _____ Typed or Printed Name</td><td>(317) 634-3456 _____ Telephone Number</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.</p> <p><input checked="" type="checkbox"/> *Total of _____ forms are submitted.</p>					Fee	Small Entity Fee		<input type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60	\$ _____	<input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225	\$ _____	<input checked="" type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510	\$ <u>1020</u>	<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795	\$ _____	<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080	\$ _____	 _____ Signature	_____ May 30, 2006 Date	Kenneth A. Gandy _____ Typed or Printed Name	(317) 634-3456 _____ Telephone Number
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WEMMH #44057 (Rev. 7/05)

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